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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number      4778.001

First Named Inventor      Eliezer Sanchez

**COMPLETE IF KNOWN**

Application Number      /

Filing Date     

Art Unit     

Examiner Name     

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTRONIC LOCALIZING PROTECTION DEVICE

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)      as United States Application Number or PCT International

Application Number      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56; including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to <input checked="" type="checkbox"/> <b>Customer Number or Bar Code Label</b> <span style="border: 1px solid black; padding: 2px 20px;">27325</span> OR <input type="checkbox"/> Correspondence address below	
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<b>Address</b>	
<b>City</b>	<b>State</b> <b>ZIP</b>
<b>Country</b>	<b>Telephone</b> <b>Fax</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
<b>NAME OF SOLE OR FIRST INVENTOR :</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) <span style="margin-left: 20px;">Eliezer</span>	<b>Family Name or Surname</b> <span style="margin-left: 20px;">Sanchez</span>
<b>Inventor's Signature</b>	<b>Date</b> <span style="margin-left: 20px;">July, 15/2003</span>
<b>Residence: City</b> <span style="margin-left: 20px;">Homestead</span>	<b>State</b> <span style="margin-left: 20px;">FL</span> <b>Country</b> <span style="margin-left: 20px;">USA</span> <b>Citizenship</b> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Cuban</span>
<b>Mailing Address</b> <span style="margin-left: 20px;">30270 S.W. 162nd Avenue</span>	
<b>City</b> <span style="margin-left: 20px;">Homestead</span>	<b>State</b> <span style="margin-left: 20px;">FL</span> <b>ZIP</b> <span style="margin-left: 20px;">33033</span> <b>Country</b> <span style="margin-left: 20px;">USA</span>
<b>NAME OF SECOND INVENTOR:</b> <input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) <span style="margin-left: 20px;">Daisy</span>	<b>Family Name or Surname</b> <span style="margin-left: 20px;">Sanchez</span>
<b>Inventor's Signature</b>	<b>Date</b> <span style="margin-left: 20px;">July, 15/2003</span>
<b>Residence: City</b> <span style="margin-left: 20px;">Homestead</span>	<b>State</b> <span style="margin-left: 20px;">FL</span> <b>Country</b> <span style="margin-left: 20px;">USA</span> <b>Citizenship</b> <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Cuban</span>
<b>Mailing Address</b> <span style="margin-left: 20px;">30270 S.W. 162nd Avenue</span>	
<b>City</b> <span style="margin-left: 20px;">Homestead</span>	<b>State</b> <span style="margin-left: 20px;">FL</span> <b>ZIP</b> <span style="margin-left: 20px;">33033</span> <b>Country</b> <span style="margin-left: 20px;">USA</span>
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.	

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Eliezer Sanchez
Title	Electronic localizing ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	4778.001

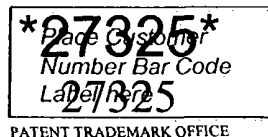
I hereby appoint:

☒ Practitioners at Customer Number

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OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).


### SIGNATURE of Applicant or Assignee of Record

Name	ELIEZER SANCHEZ
Signature	
Date	July 15/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Title	Electronic localizing .....
Group Art Unit	
Examiner Name	
Attorney Docket Number	4778.001

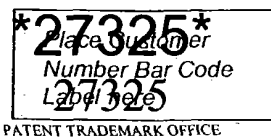
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Individual Name

Address

Address

City

State

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	DAISY SANCHEZ
Signature	<i>Daisy Sanchez</i>
Date	July, 15/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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